

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004449

1. Entity Name

FLORIDA PANHANDLE SADDLE CLUB, INC.

**FILED**  
Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90039 016 \*\*\*\*61.25

Principal Place of Business

RT. 1, BOX 21  
ALTA FL 32421

Mailing Address

RT. 1, BOX 21  
ALTA FL 32421

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

DAVIS, CATHY  
RT. 1, BOX 21  
ALTA FL 32421

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Cathy D Davis* Cathy D Davis

3/16/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME BARFIELD, JAY  
STREET ADDRESS P.O. BOX 464  
CITY-ST-ZIP BRISTOL FL 32321

TITLE D ☐ Delete  
NAME DAVIS, CATHY  
STREET ADDRESS RT. 1, BOX 21  
CITY-ST-ZIP ALTA FL 32421

TITLE D ☒ Delete  
NAME STANLEY, DON  
STREET ADDRESS RT. 2, BOX 862  
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE D ☒ Delete  
NAME ROBERTS, JIMMY  
STREET ADDRESS RT. 2, BOX 41-E  
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE D ☐ Delete  
NAME CLEMONS, EDDIE  
STREET ADDRESS RT. 2, BOX 693-E  
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME *ABRYAN, MARCUS*  
STREET ADDRESS *Rt. 1 Box 157*  
CITY-ST-ZIP *Bristol, FL 32321*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME *Whitfield, Steve*  
STREET ADDRESS *25241 NE. Charles Pippard Rd*  
CITY-ST-ZIP *Blountstown, FL 32421*

TITLE ☐ Change ☐ Addition  
NAME *Von, Keith*  
STREET ADDRESS *P.O. Box 294*  
CITY-ST-ZIP *Blountstown, FL 32424*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Cathy D Davis* CATHY D DAVIS

3/16/01

Date

850-624-8271

Daytime Phone #

CR2E037 (10/00)